For employees hired **BEFORE** July 1, 2015

Plan	Level	Total Monthly Premium	Employee Monthly Cost
Fallon Select	Individual	\$697.00	\$139.40
	Family	\$1,876.00	\$375.20
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Fallon Direct	Individual	\$650.00	\$130.00
	Family	\$1,744.00	\$348.80
	T		
Harvard Pilgrim HMO	Individual	\$919.00	\$266.51
Tiaivaiu Fiigiiiii TiiviO	Family	\$2,393.00	\$693.97
Tufts	Individual	\$967.00	\$280.43
	Family	\$2,533.00	\$734.57
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Blue Cross Blue Shield	Individual	\$1,018.00	\$295.22
Blac cross blac Sillela	Family	\$2,730.00	\$791.70
Harvard Pilgrim PPO	Individual	\$2,464.00	\$1,232.00
	Family	\$5,472.00	\$2,736.00

For employees hired on or after July 1, 2015

Plan	Level	Total Monthly Premium	Employee Monthly Cost			
Fallon Select	Individual	\$697.00	\$139.40			
	Family	\$1,876.00	\$375.20			
Fallon Direct	Individual	\$650.00	\$130.00			
	Family	\$1,744.00	\$348.80			
Hammand Bilanina HMO	Individual	\$919.00	\$367.60			
Harvard Pilgrim HMO	Family	\$2,393.00	\$957.20			
		T				
Tufts	Individual	\$967.00	\$386.80			
	Family	\$2,533.00	\$1,013.20			
		Τ				
Blue Cross Blue Shield	Individual	\$1,018.00	\$407.20			
Side Gross Blac Sinela	Family	\$2,730.00	\$1,092.00			
		T .				
Harvard Pilgrim PPO	Individual	\$2,464.00	\$1,232.00			
	Family	\$5,472.00	\$2,736.00			

For all employees

Plan	Level	Total Monthly Premium	Employee Monthly Cost
Blue Cross Blue Shield Dental Standard Option	Individual	\$21.00	Free
	Family	\$53.82	\$32.82
Blue Cross Blue Shield Dental High Option	Individual	\$47.15	\$26.15
	Family	\$108.30	\$87.30